

Name in Full

Certificate of Death

Carey Edwin Anderson

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

April 8

Age

2 10

Theodore

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Richard Anderson

Ruth Isaacs.

Cause of

Primary

Death

Immediate

How long sick

3 days.

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Sarah Andrews

2nd District

Town

County

Died at

near Cayott

Ce Cib

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

4 30

Age

78

md

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

old age

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Mr B Coleman

154

Address

Chesapeake

Cey

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79844



Name
in
Full

John Henry Berry

CERTIFICATE OF DEATH

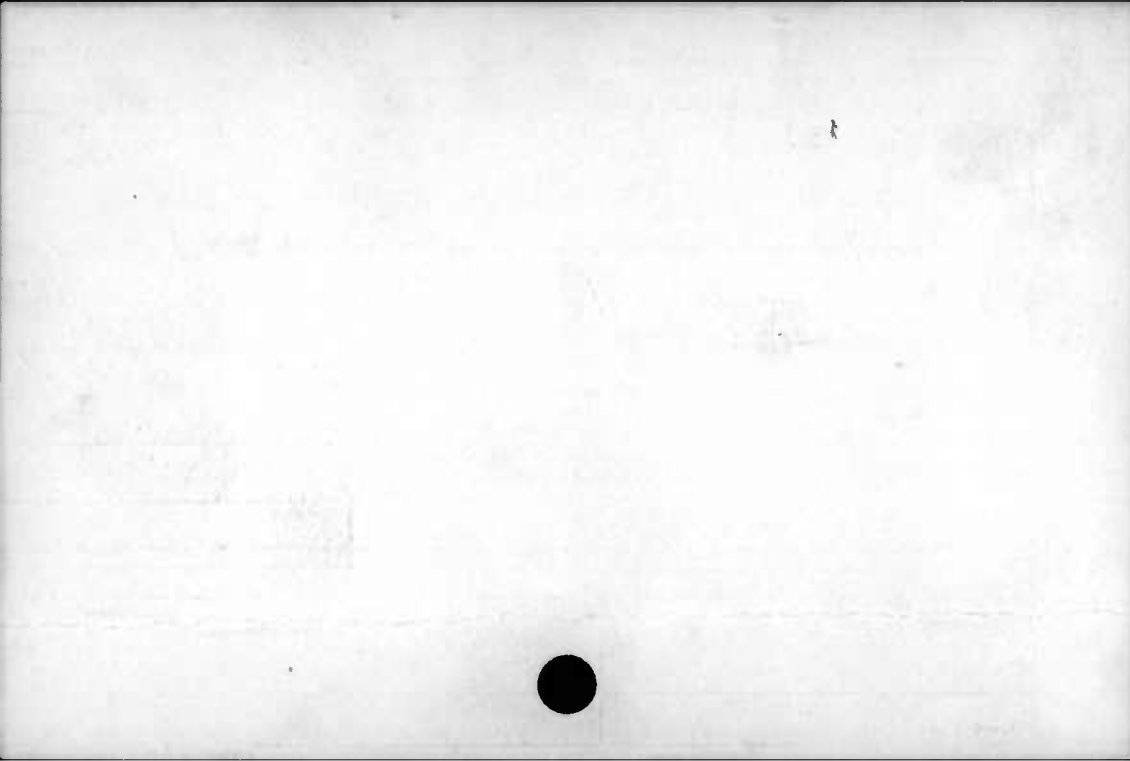
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cecilton		County Cecil		MARYLAND	
Date of death 1903	Month 4	Day 20	Age 58	Years	Months 5	Days	
Sex Male		Color or Race Colored		Birth- place Maryland			
Married, Single or Widowed Married		Occupation Huckster					
Name of Wife or Husband Harriet Berry							
Father's Name Not given		Father's Birthplace Not given					
Mother's Maiden Name " "		Mother's Birthplace " "					
Name of person giving in formation Jno Edwards		How related to deceased None					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Nephritis	How long One year
Immediate Uræmia	How long 10 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R. M. Black
	Address Cecilton, Md
Accident or Suicide? —	



Name
in
Full

Charles Blackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Principio Furnace</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death 1903	<i>April</i> ^{Month}	<i>2</i> ^{Day}	Age <i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>11</i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Principio Furnace</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>George Blackson</i>			Father's Birthplace <i>Del</i>		
Mother's Maiden Name <i>Lula Stricker</i>			Mother's Birthplace <i>Cecil Co</i>		
Name of person giving information <i>Geo Blackson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart disease 99</i>	How long	<i>One day</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Geo. W. Stump</i>
		Address	<i>Perryville Md</i>
Accident or Suicide?			



Name
in
Full

John H. Bordley

CERTIFICATE OF DEATH

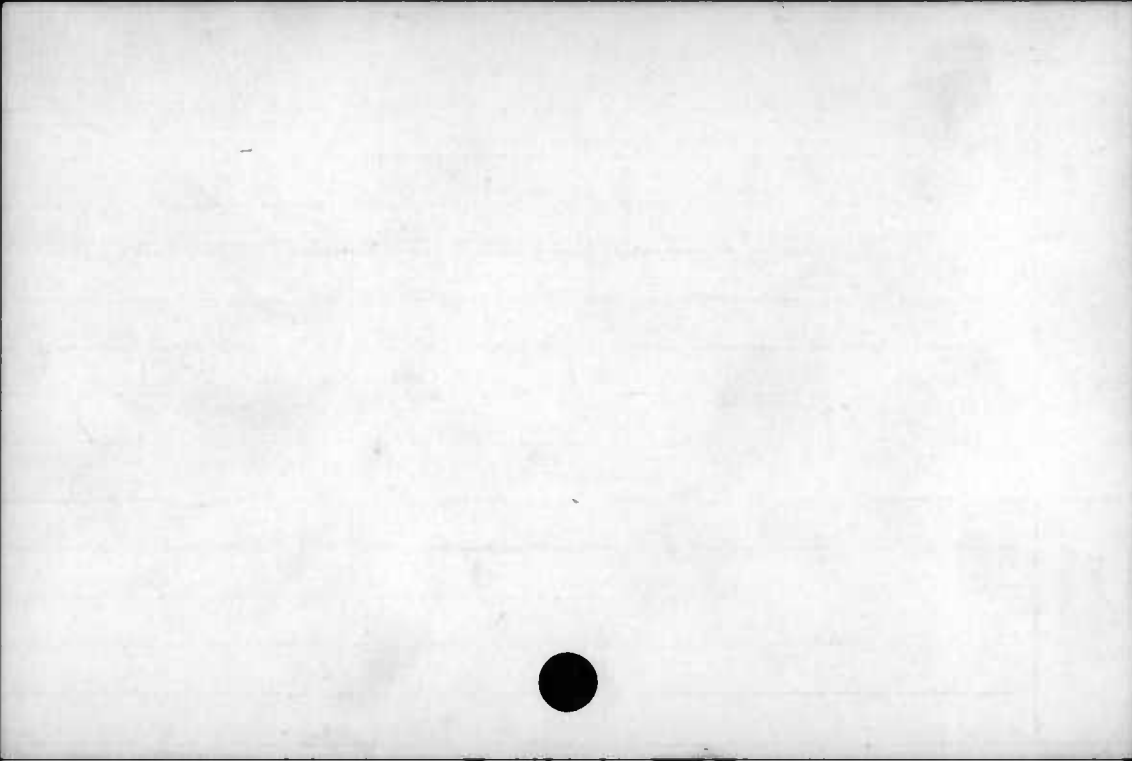
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chesapeake City</u> <small>Town</small>		<u>Cecil</u> <small>County</small>		MARYLAND	
Date of death 1903	Month <u>4</u>	Day <u>13</u>	Age <u>74</u> <small>Years</small>	Months <u>4</u>	Days <u>6</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Delaware</u>			
Married, Single or Widowed <u>Widower</u>		Occupation <u>Laborer</u>			
Name of Wife or Husband <u>X</u>					
Father's Name <u>George H. Bordley</u>			Father's Birthplace <u>Ida</u>		
Mother's Maiden Name <u>Charlotte Robinson</u>			Mother's Birthplace <u>Don't Know</u>		
Name of person giving information <u>Chas D. Brown</u>			How related to deceased <u>Step Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Athlete</u>	How long <u>3 days</u>
Immediate <u>Exhaustion</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm B. Karsner</u>
	Address <u>Chesapeake City, Md</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Jehoaikim Brickley
 Town **Farmington** County **Carl** 6th Dist **MARYLAND**
 Died at
 Date **1903** Month **4** Day **26** Y. **63** M. **9** D. **26** Native of **ME** Occupation **Farmer**
 Male **White** Married **Widow** Divorced **Female** Colored **Single** Widower **Number of children living**

Husband of **Martha J. Brickley**
 Wife
 Father's Name **Jehoaikim Brickley** Mother's Name **Elizabeth Brickley**
 Cause of Death { Primary **Cancer of Liver** How long sick **2 years**
 Immediate **Some** **40** Accident, Suicide, Homicide

Reported by **LEA, Richardson 1133**
 Address **Colvert - ME**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Isaac H. Brown 3 Dist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u> Town		<u>Cecil</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>4</u>	Day <u>21</u>	Age <u>49</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>MD</u>		
Married, Single or Widowed <u>Married</u>		Occupation <u>Merchant</u>			
Name of Wife or Husband <u>Annie R. Crothers</u>					
Father's Name <u>Wesley Brown</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Hannah Hargan</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Annie R Brown</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Col</u>	How long	<u>4 weeks</u>
Immediate	<u>Meningitis</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>H. Arthur Mitchell MD</u>
		Address	<u>Elkton Md.</u>
Accident or Suicide?			

75-



Name
in
Full

Margaret-Jane Boyce Brown

CERTIFICATE OF DEATH

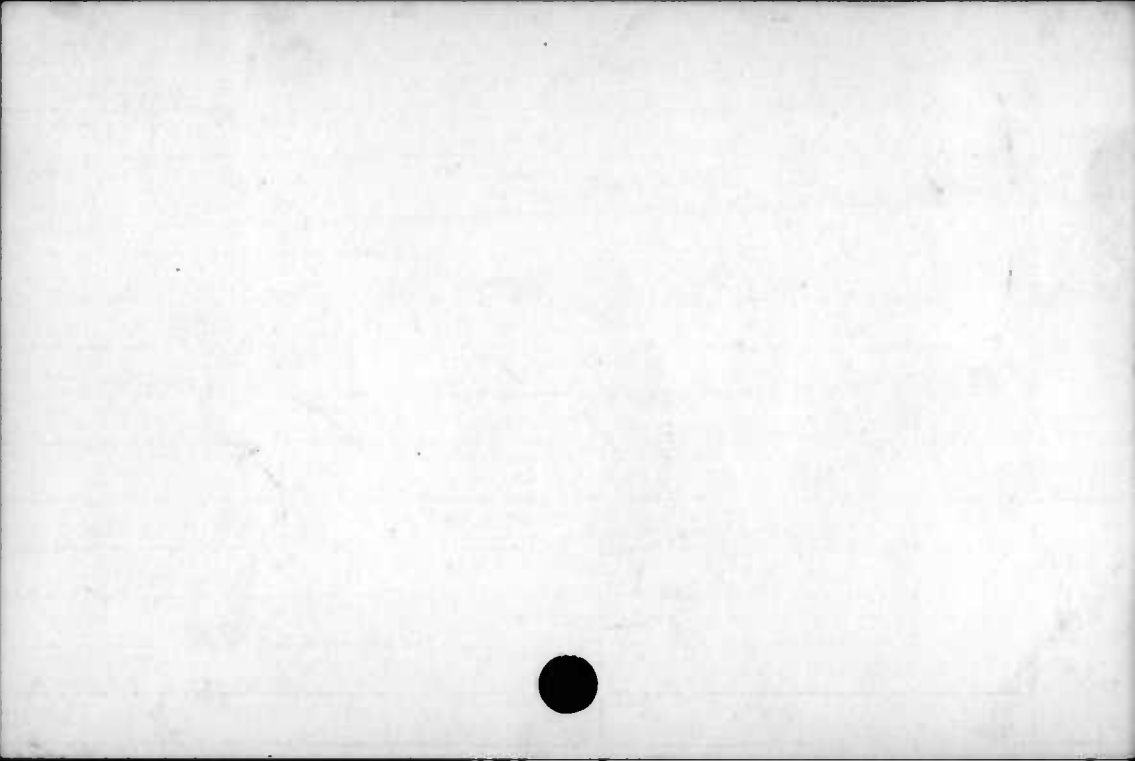
TO BE ANSWERED BY
NEAREST FRIEND

Died at near <i>Cecil</i>		Town <i>Cecil</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>28</i>	Age <i>57</i>	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Kent Co Md</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Ermon Mc Kenney</i>				Father's Birthplace <i>Kent Co</i>			
Mother's Maiden Name <i>Matilda Mc Kenney</i>				Mother's Birthplace <i>Kent Co</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	
Immediate	<i>u</i>	How long	<i>48 Hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. H. Crawford</i>	
		Address <i>Cecil Md</i>	
Accident or Suicide?			



Maudie Brown

Town

County

MARYLAND

Died at

Elkton

Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

4

7

Age

76

Penn

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband of

Daniel Brown

Wife

Father's

Mother's

Name

Amos Johnson

Maiden Name

79

Cause of

Primary

How long sick

4 wks

Death

Immediate

Heart Disease

~~Accident, Suicide, Homicide~~

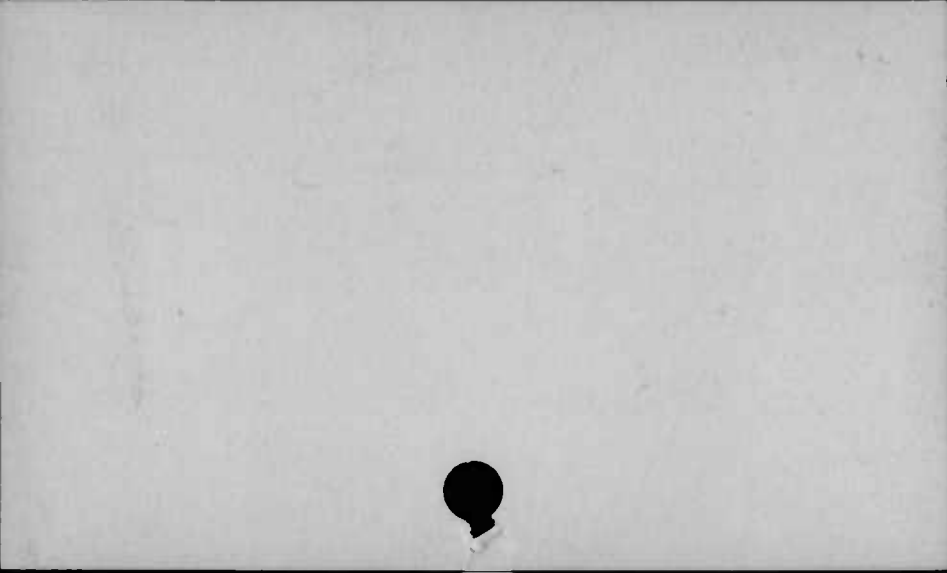
Reported by

H. Arthur Mitchell MD

Address

Elkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah Jane Brown 4th Irish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Big Ellichaapel</i>		Town <i>cecil</i>		County		MARYLAND	
Date of death 1903	Month <i>4</i>	Day <i>14</i>	Age <i>61</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>					
Name of Wife or Husband <i>George Brown</i>							
Father's Name <i>Jobson Peterson</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Sarah J Mullen</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Gco Brown</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma</i>	How long	<i>6 months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. S. Philson</i>	
		Address <i>Cherry Hill</i>	
Accident or Suicide?			

72



Name
in
Full

John Norwood Buck

CERTIFICATE OF DEATH

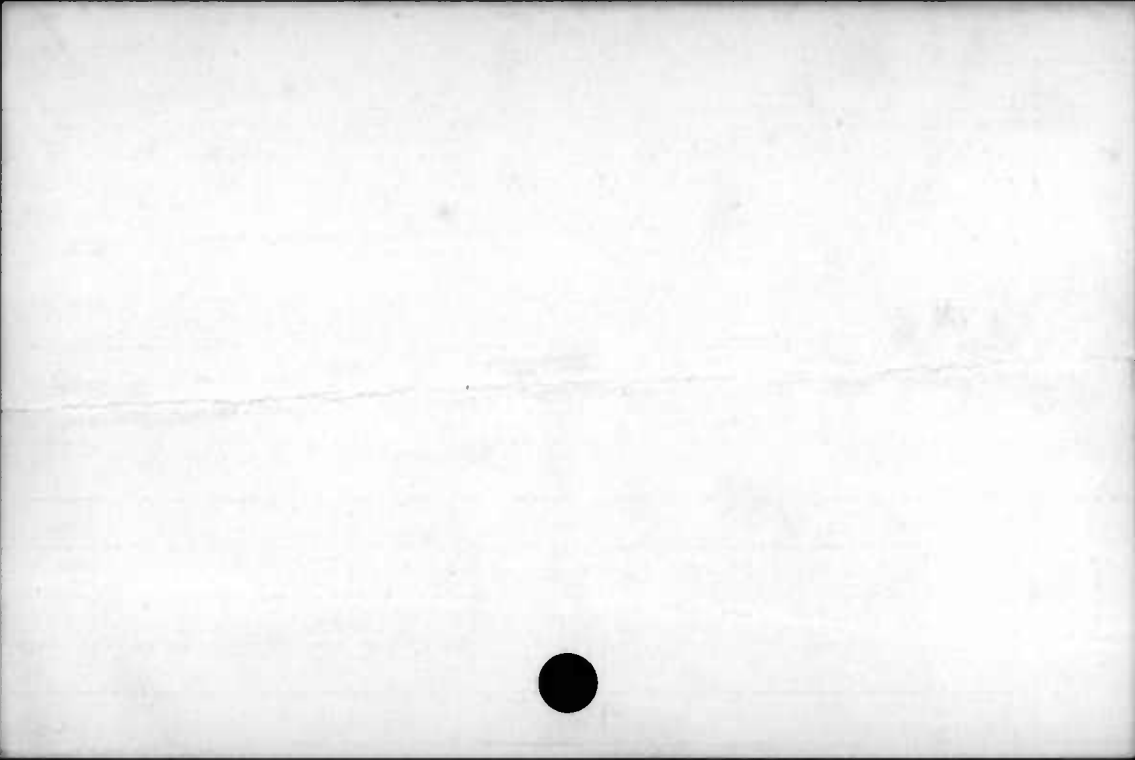
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Harwick		County Bert		MARYLAND	
Date of death 1903	Month April	Day 16	Age 11	Years 11	Months —	Days —	
Sex Male	Color or Race Black		Birth- place Harwick Md				
Married, Single or Widowed Single		Occupation —					
Name of Wife or Husband —							
Father's Name Franklin Buck 78				Father's Birthplace Delaware			
Mother's Maiden Name George Anna Buck				Mother's Birthplace Md			
Name of person giving In formation Franklin Buck				How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Rheumatism	How long 4 months
Immediate Eosinophilia	How long 4 weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J J Wright MD Harwick Md
Address —	
Accident or Suicide?	



Name
in
Full

Samuel R. Carhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Manassas Hill</i> Town		<i>Cecil</i> County		<i>4th</i> die		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Apr</i>	Day <i>13</i>	Years <i>16</i>	Months	Days		
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Cecil Co.</i>				
Married, Single or Widowed <i>Single</i>			Occupation				
Name of Wife or Husband							
Father's Name <i>Wm S Carhart</i>				Father's Birthplace <i>Cecil Co.</i>			
Mother's Maiden Name <i>Anna M. Fee</i>				Mother's Birthplace <i>Del</i>			
Name of person giving information <i>Anna M Fee</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accidental death caused by</i>	How long <i>11/6</i>
Immediate	<i>being run over by rolling</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm S. Cawley M.D.</i>
		Address <i>Elkton Md.</i>
Accident <i>accident</i>		

24

25

Name
in
Full

CERTIFICATE OF DEATH

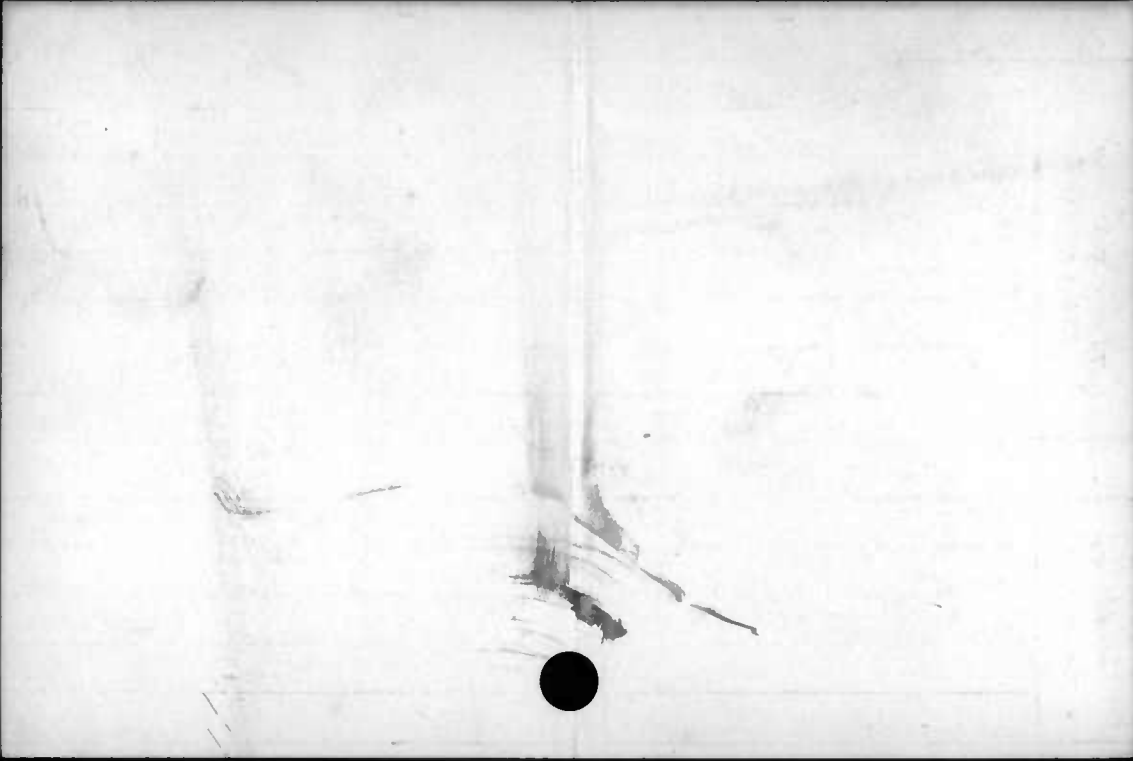
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Robert</u> Town <u>Cecil</u> County <u>MARYLAND</u>					
Date of death 190 <u>3</u>	Month <u>4</u>	Day <u>13</u>	Age <u>54</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place			
Married, Single or Widowed <u>Married</u>	Occupation				
Name of Wife or Husband <u>Lewis Carr</u>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Lewis Carr</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Subject to heart failure</u>	How long <u>Several years</u>
Immediate <u>Heart failure</u> <u>179</u>	How long <u>about five</u> <u>minutes</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>B. E. Mason Undertaker</u>
	Address <u>Chrome Pa.</u>
Accident or Suicide? <u>Had no doctor in last sickness</u>	



Name in Full

Certificate of Death

John M. Crony
 Died at *Rising Sun* *Cal* *both Dist* MARYLAND

Date 19*03* *4* *22* | Age *61* *0* *14* | Native of *Ind* | Occupation *Miller*

Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *6*

Husband of *Elizabeth B. Crony*
 Wife
 Father's Name *Thomas Crony* Mother's Maiden Name *Catherine Bravo*

Cause of Death { Primary *Cerebral Hemorrhage* | How long sick *5 mo.*
 Immediate *Exhaustion* | Accident, Suicide, Homicide *let*

Reported by *Dr J. B. Stier*

Address *Rising Sun* *Cal* *Crony* *Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Alfred. T. Crockett* 4 Dist

Died at *Barksdale* Town *Cecile* County

State *MARYLAND*

Date of death 190*3* Month *4* Day *10* Age *30* Years Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Del*

Married, Single or Widowed *Single* Occupation *Farmer*

Name of Wife or Husband *—*

Father's Name *John P Crockett* Father's Birthplace *Del*

Mother's Maiden Name *Elizabeth M Kidwell* Mother's Birthplace *md*

Name of person giving information *Elizabeth Crockett* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Consumption* 27 How long *5 months*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J S Whitaker*

Address *Cherry Hill*

md

Accident or Suicide?

70



Name
in
Full

Wm A Culbertson

CERTIFICATE OF DEATH

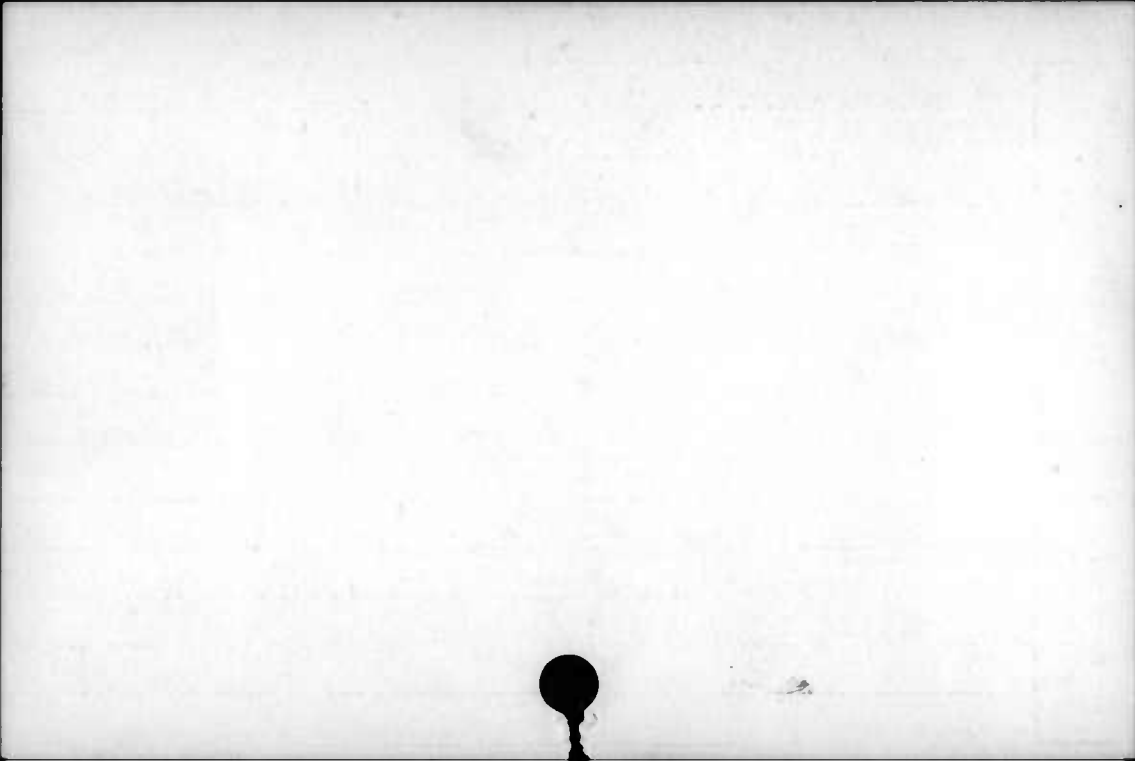
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Woodlawn</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>5</i>	Years <i>61</i>	Age		Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Phila Pa</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Farming</i>				
Name of Wife or Husband <i>Anna E Culbertson</i>							
Father's Name <i>Wm Culbertson</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Rebecca Rawlings</i>				Mother's Birthplace <i>Cecil Co Md</i>			
Name of person giving information <i>Anna E Culbertson</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>120</i>
Immediate <i>Inanition.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>St. Brown</i>
	Address <i>Principio Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Died at

Cecilton

County

Cecil

MARYLAND

Date

of death 1903

Month

April

Day

4th

Age

Years

Months

9

Days

2

Sex

Boy

Color or
Race

white

Birth-
place

Cecilton

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

George Naylor Davis

Father's
Birthplace

Galena Md.

Mother's
Maiden Name

Yarina Belle Oldham

Mother's
Birthplace

Kiron Md.

Name of person giving
In formation

"

"

"

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Acute medi

76

How long

Twenty Four Hours

Immediate

Convulsions

How long

Twenty Four Hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

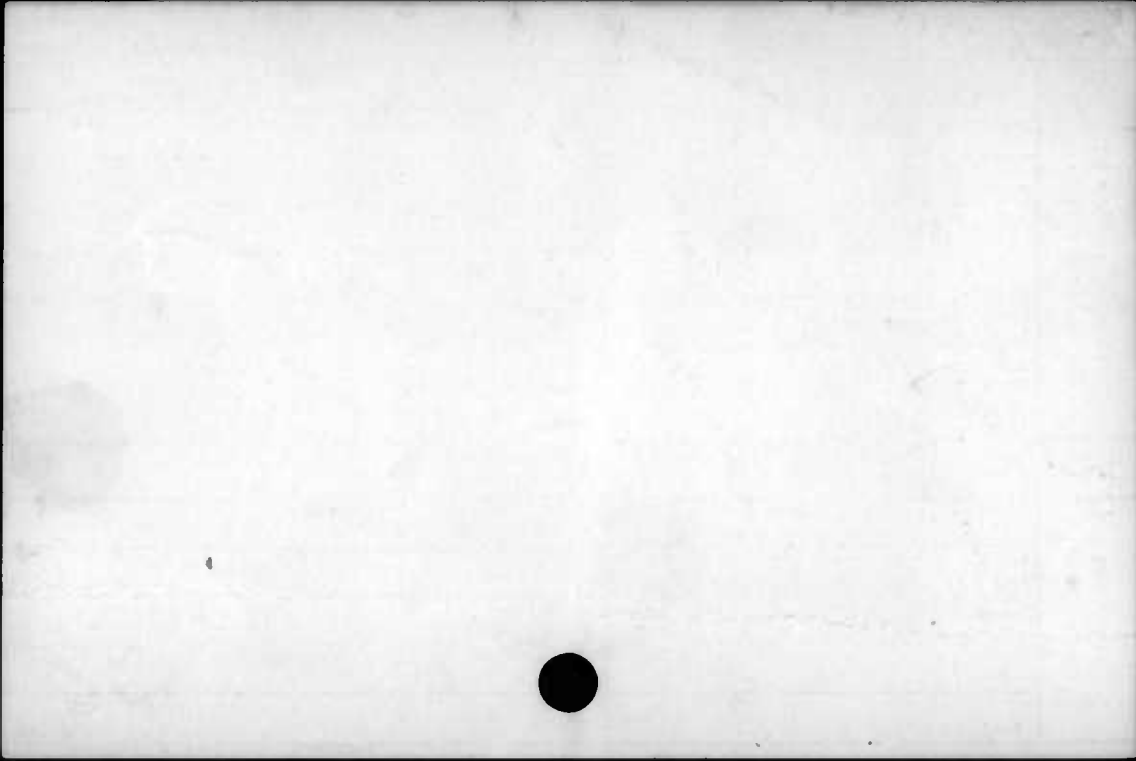
Evermanford

Address

Cecilton Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Florence Estella Frazier

CERTIFICATE OF DEATH

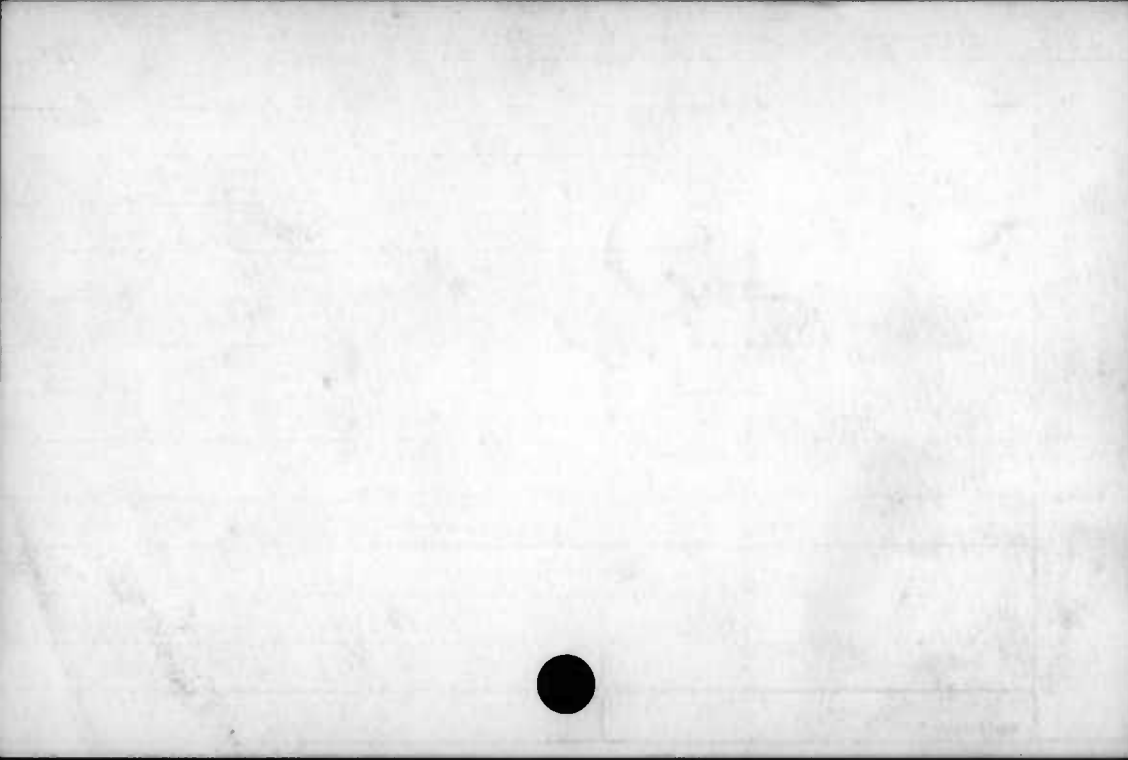
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rock Run</u> <small>Town</small>		<u>Anne</u> <small>County</small>		MARYLAND	
Date of death 190	<u>3</u> <small>Month</small>	<u>April</u> <small>Day</small>	<u>2</u> <small>Years</small>	<u>7</u> <small>Months</small>	<u>7</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Wilmington Del.</u>		
Married, Single or Widowed <u>Single</u>	Occupation <u>None</u>				
Name of Wife or Husband <u>blg</u>					
Father's Name <u>Mr. Orlauden Frazier</u>			Father's Birthplace <u>Virginia</u>		
Mother's Maiden Name <u>Sarah R Smith</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>(Aunt) Mrs. Isabella Peterson</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Cerebro Spinal Meningitis</u>	How long	<u>Two weeks</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Ernest Howland</u>	
		Address <u>Liberty Groove</u>	
Age <u>3</u> <small>at death</small>		<u>md</u>	



Name
in
Full

Robert, Jr. Gray 4 Dist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Providence</i> ^{Town}		<i>Providence</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>4</i>	Day <i>23</i>	Age <i>3</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth- place <i>md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward Gray</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Hellen Floy</i>			Mother's Birthplace <i>md</i>		
Name of person giving In formation <i>Hellen Gray</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>3 weeks</i>
Immediate <i>Meningitis</i>	How long <i>five days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David Mackey</i>
	Address <i>Lewisville Pa</i>
Accident or Suicide?	

76

Name
in
Full

Abraham Green

6th Dist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		West Nottingham		County	Cecil		MARYLAND	
Date	Month	Day	Age	Years	Months	Days		
of death 1903	April	18	70					
Sex	Male		Color or Race	Colored		Birth-place	Lancaster, Pa	
Married, Single or Widowed	Married			Occupation	Laborer			
Name of Wife or Husband	Margaret Green							
Father's Name	Dont Know					Father's Birthplace	Dont Know	
Mother's Maiden Name	Dont Know					Mother's Birthplace	" "	
Name of person giving information	his wife Margaret Green					How related to deceased	wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac hypertrophy	How long	10 years
Immediate	Exhaustion.	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ernest Howland
		Address	Liberty Groves
			Ms
Accident or Suicide?	—		



TO BE ANSWERED BY
NEAREST FRIEND

Harriet Agnes Hammond

9th District

CERTIFICATE OF DEATH

MARYLAND

Died at *Near Zion* ^{Town} *Cecil* ^{County}

Date of death 190*6* Month *4* Day *18* Age *1* Years Months *13* Days *23*

Sex *Female* Color or Race *Black* Birth-place *At Zion*

~~Married~~ Single Occupation _____

Name of Wife or Husband _____

Father's Name *Anthony L. Hammond* Father's Birthplace *Chester Co Pa*

Mother's Maiden Name *Josephine J. Dale* Mother's Birthplace *Near Zion*

Name of person giving information *Anthony L. Hammond* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* 93 How long *9 days*

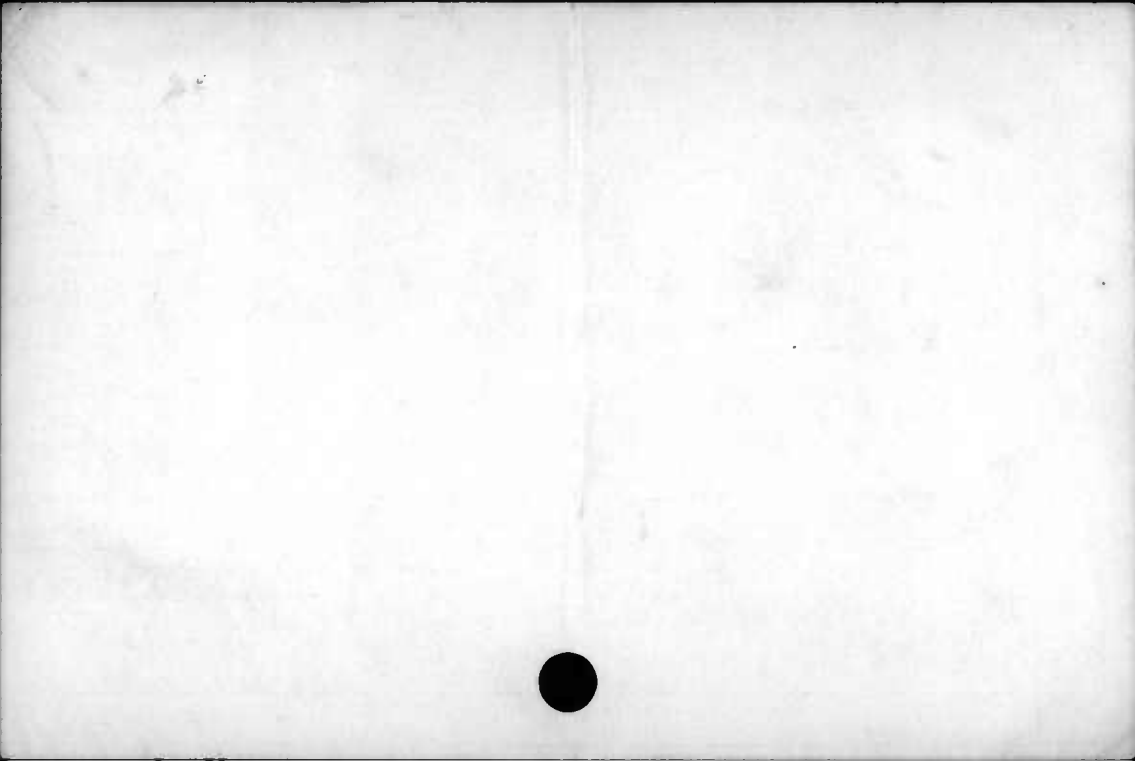
Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

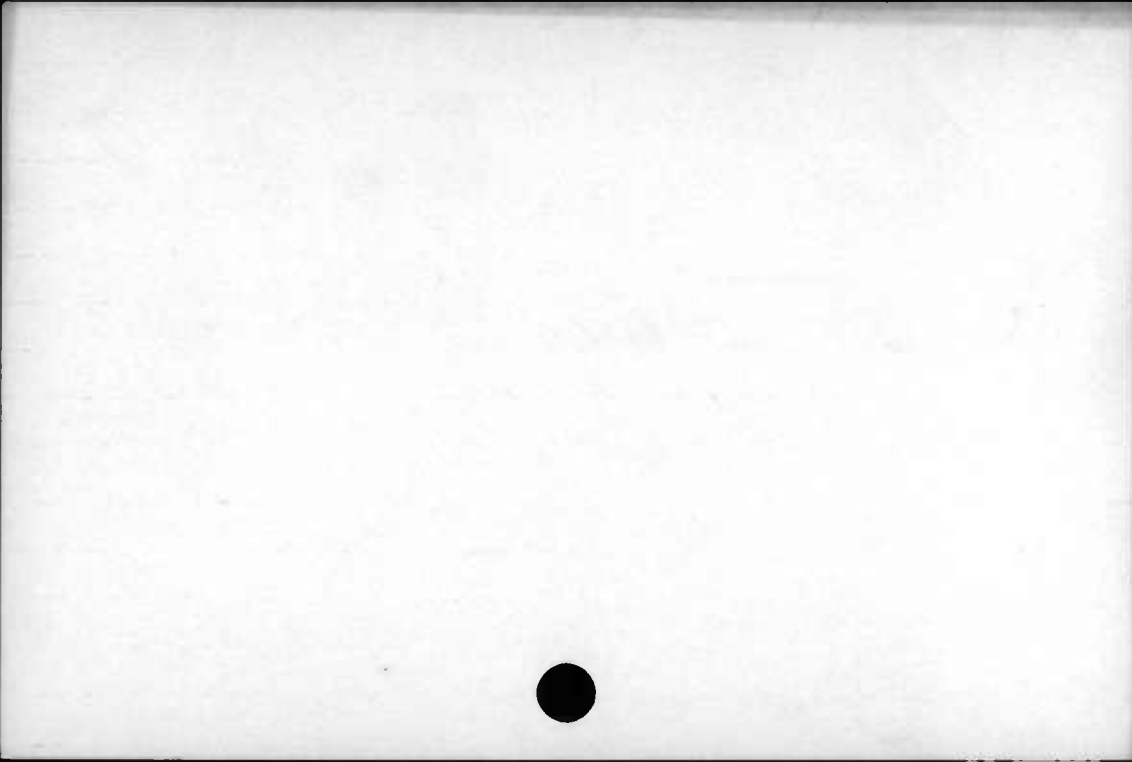
Signature of Physician *[Signature]*

Address *[Redacted]*

Accident or Suicide?



Name in Full		John H. Hollingworth				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Maurick		Beebe		MARYLAND	
		Date of death 190		Month		Day	
		3		April		20	
		Age		Years		Months	
		18					
		Sex		Color or Race		Birth-place	
Male		Black		Md			
Married, Single or Widowed		Single		Occupation			
Name of Wife or Husband							
Father's Name		John Hollingsworth				Father's Birthplace	
Mother's Maiden Name		Laura				Mother's Birthplace	
Name of person giving information						How related to deceased	
						A	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Leptomeningitis					
		Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Chas. A. Ritchie			
		Address		Middletown, Del			
Accident or Suicide?							



Name
in
Full

Edith P Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Principio Furnace		County Cecil		MARYLAND	
Date of death 190	3	Month April	Day 29	Age 1	Years	Months 5	Days 6
Sex	Female		Color or Race	White		Birth- place	Principio
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Stewart-Hopkins			
Father's Birthplace				Pa			
Mother's Maiden Name				Nancy E Lasker			
Mother's Birthplace				Cecil Co Md			
Name of person giving In formation				Stewart-Hopkins			
How related to deceased				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	4 weeks
Immediate	27		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		Geo. M. Stump		
Address		Pryorville, Md		
Accident or Suicide?				



Name in Full

Certificate of Death

Mary Ellen Huss

Town

County

Died at Pilot- Cecil

MARYLAND

1903

Date

Month

Day

Y.

M.

D.

Native of

Occupation

4

7

Age

X

3

12

U S

~~Male~~

White

~~Mixed~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Alonza Huss

Mother's

Name

Mary Louisa Huss

Cause of

Primary

How long sick

8 days

Death

Immediate

Capillary Bronchitis

Accident, Suicide, Homicide

Reported by

Geo W. Gillespie M.D.

Address

Pleasant

Grove Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Nicholas J. Hyland. 5-21-1932

Died at *Elk Neck* Town _____ County _____ MARYLAND

Date of death 1903 *3* Month *4* Day *12* Age *68* Years Months *6* Days

Sex *Male* Color or Race *White* Birth-place *Elk Neck.*

Married, Single or Widowed *Single* Occupation *Carpenter.*

Name of Wife or Husband _____

Father's Name *Stephen Hyland.* Father's Birthplace *Elk Neck Md.*

Mother's Maiden Name *Elizabeth Hyland.* Mother's Birthplace *Elk Neck Md.*

Name of person giving information *Wm P. White.* How related to deceased *Nephew.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *One week*

Immediate *Wm* How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *[Signature]* Address *North East*

Accident or Suicide?



Name
in
Full

Not named

4th Wis
County

CERTIFICATE OF DEATH

Died at ^{Town} Near cowantown

County

MARYLAND

Date of death 1903 4 13 Age Years Months 6 Days

Sex Male Color or Race White Birth-place Md

Married, Single or Widowed Single Occupation

Name of Wife or Husband

Father's Name Wm B. Lloyd

Father's Birthplace Md

Mother's Maiden Name Sallie E. Pierce

Mother's Birthplace Md

Name of person giving information Wm B. Lloyd

How related to deceased Father

CAUSES OF DEATH

Primary Heart Malformation

How long 2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. S. Whitaker
Cherry Hill
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

12



Name in Full

Certificate of Death

Susan May

Town

County

Died at

Ellettsville

cccC

MARYLAND

Date 18903
 Month 4 Day 6 Y. 86? M D.
 Native of Delaware Occupation Minister
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
of
WifeFather's
Name

Unknown

Mother's
NameMrs May Briley (2nd marriage)

Cause of Primary Initial Disease

How long sick

6 mos -

Death Immediate Dropping together with the Infirmary of age

Accident, Suicide, Homicide

Reported by

J. H. Jones

over - 79

Address

S. W. T. -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 65966

Post Mortem: + Examination
by Robin = Pathologist for
the State of Delaware showed
Cancer of the Spleen to
have been primary cause of
Death.

W. B. Bralton

W. B. Bralton

Paul

Name
in
Full

George W Megee

CERTIFICATE OF DEATH

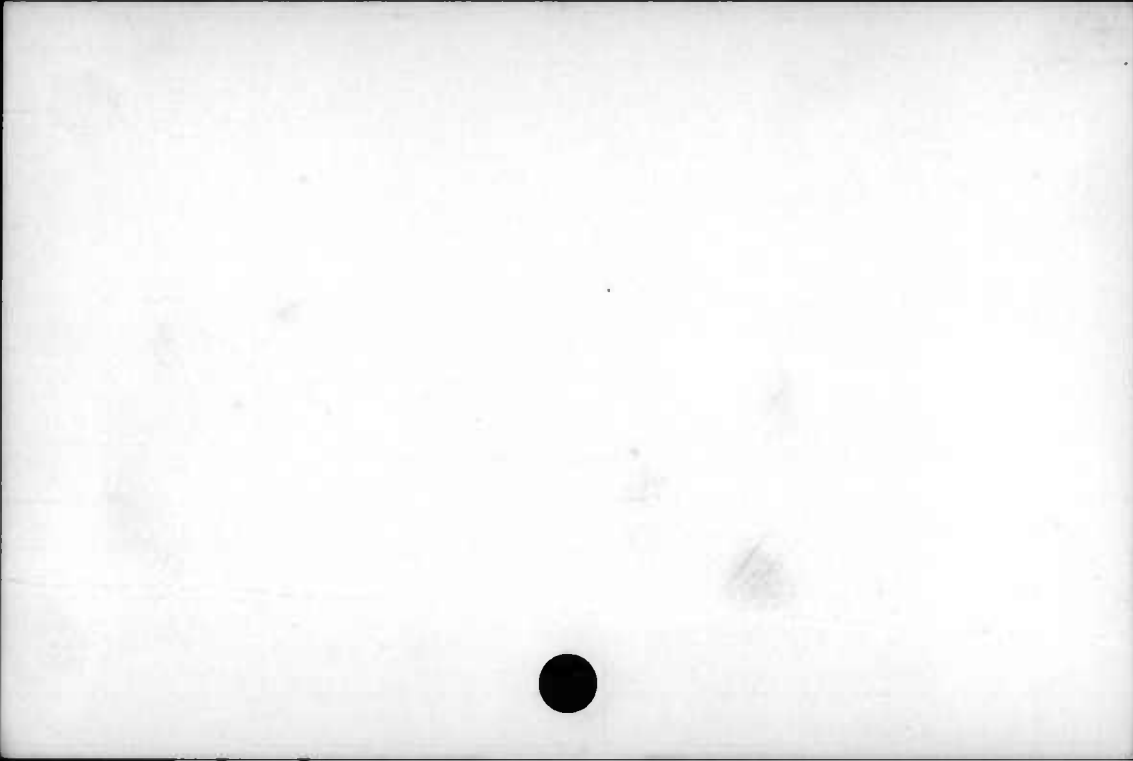
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cecil</i>		Town <i>Cecil</i>		County <i>Cecil</i>		MARYLAND	
Date of death 1903	Month <i>4</i>	Day <i>1</i>	Age <i>58</i>	Years	Months <i>3</i>	Days <i>15</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cecil</i>			
Married, Single or Widowed			Occupation <i>Butcher</i>				
Name of Wife or Husband <i>Katherine</i>							
Father's Name <i>James Megee</i>				Father's Birthplace <i>Cecil County</i>			
Mother's Maiden Name <i>Ann E. Hickey</i>				Mother's Birthplace <i>Cecil County</i>			
Name of person giving information <i>Agneta Megee</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>Two and a half days</i>
Immediate	<i>u</i>	How long	<i>u</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. W. Crawford</i>	
		Address <i>Cecil</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

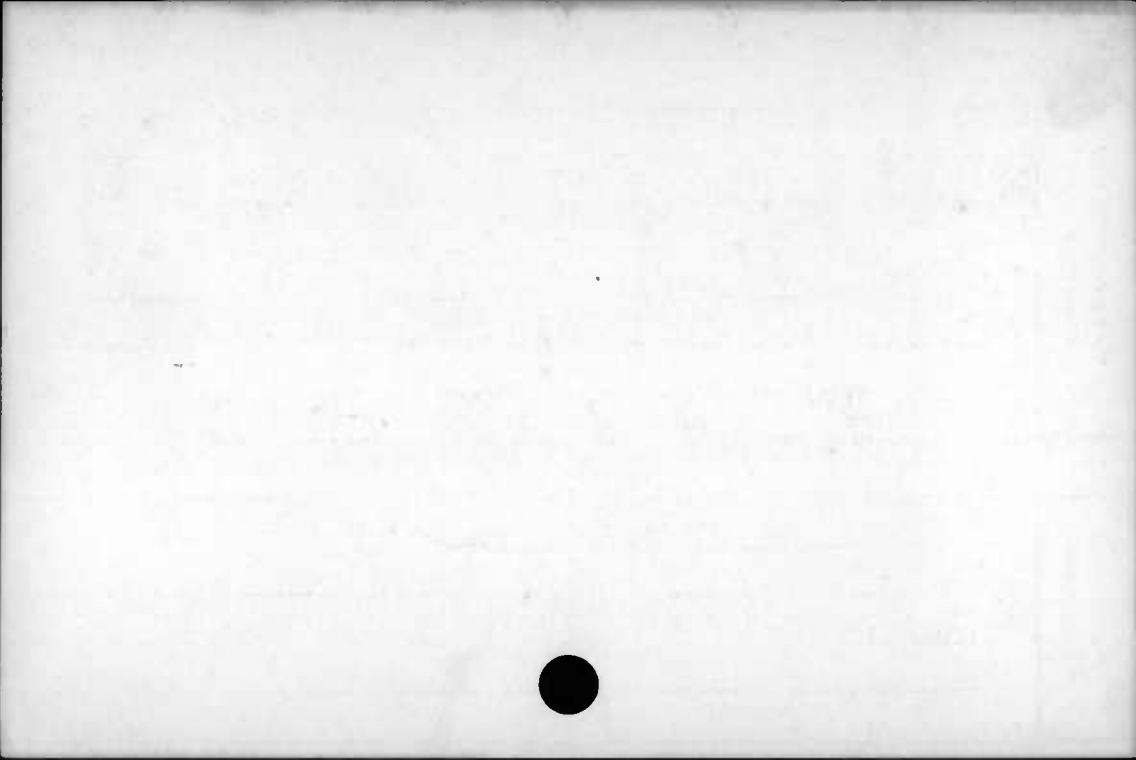
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit</i>		Town <i>Port Deposit</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190	3	Month <i>Apr.</i>	Day <i>14</i>	Age <i>54</i>	Years	Months <i>11</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place				
Married Single or Widowed		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>A. S. Jewsbury</i>							
Father's Name <i>John A. Stevenson</i>				Father's Birthplace <i>Strom, Ind.</i>			
Mother's Maiden Name <i>Eutaw Yorkwood</i>				Mother's Birthplace <i>Kent Co. Ind.</i>			
Name of person giving information <i>A. S. Jewsbury</i>				How related to deceased <i>Husband</i>			

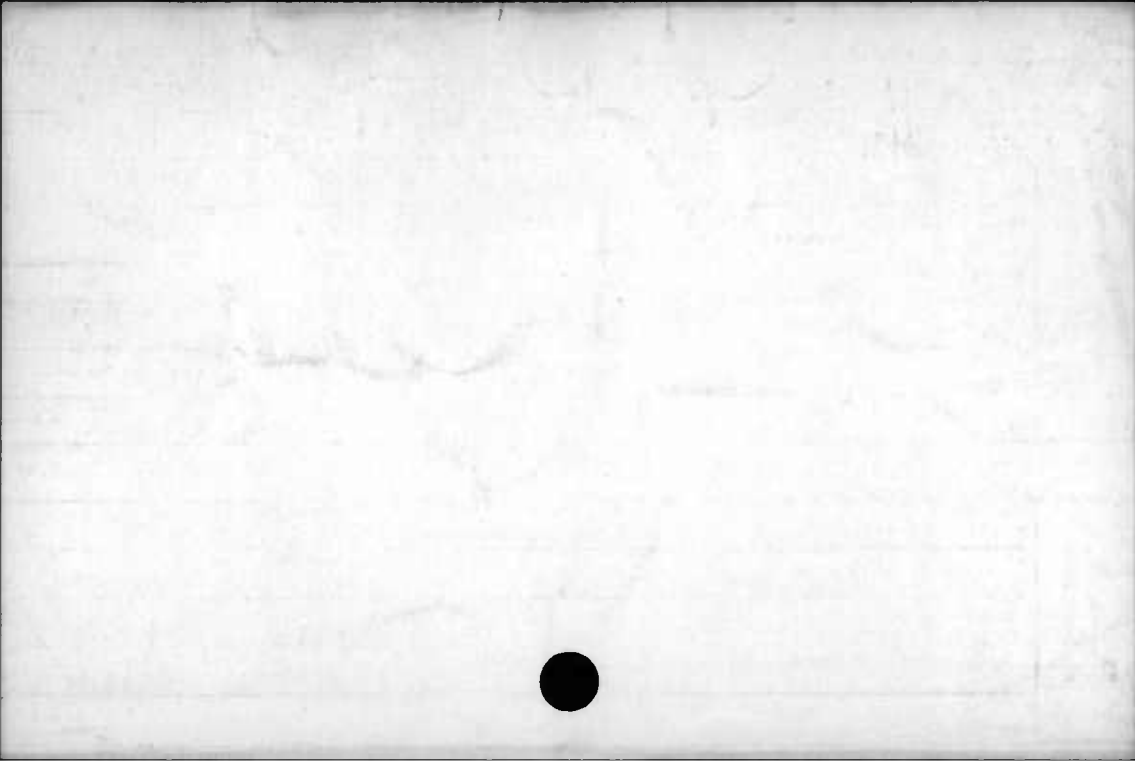
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis (Gung) 27</i>	How long <i>over one year</i>
Immediate <i>General Tuberculosis</i>	How long <i>4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. C. Channing</i>
	Address <i>Port Deposit, Ind.</i>
Accident or Suicide? <u> </u>	



Name in Full <i>Jennette Aubrey Norris</i>		CERTIFICATE OF DEATH	
Died at <i>Electon</i> <small>Town</small>		<i>Cecil</i> <small>County</small>	
Date of death 1903 <i>3</i> <small>Month</small> <i>24</i> <small>Day</small> <i>1</i> <small>Years</small>		Age <i>4</i> <small>Months</small> <i>4</i> <small>Days</small>	
Sex <i>Female</i>		Color or Race <i>White</i>	
Married, Single or Widowed <i>—</i>		Birth-place <i>Electon</i>	
Names of Wife or Husband <i>—</i>		Occupation <i>—</i>	
Father's Name <i>Harry Norris</i>		Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>Mattie Walters</i>		Mother's Birthplace <i>—</i>	
Name of person giving information <i>Mrs Walters</i>		How related to deceased <i>Grandmother</i>	
CAUSES OF DEATH			
Primary <i>Whooping Cough</i>		How long	
Immediate <i>Pneumonia</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm D. Cawley M.D.</i>	
		Address <i>Electon</i>	
Accident or Suicide?		<i>md</i>	



Name
in
Full

Emma M Rambo

CERTIFICATE OF DEATH

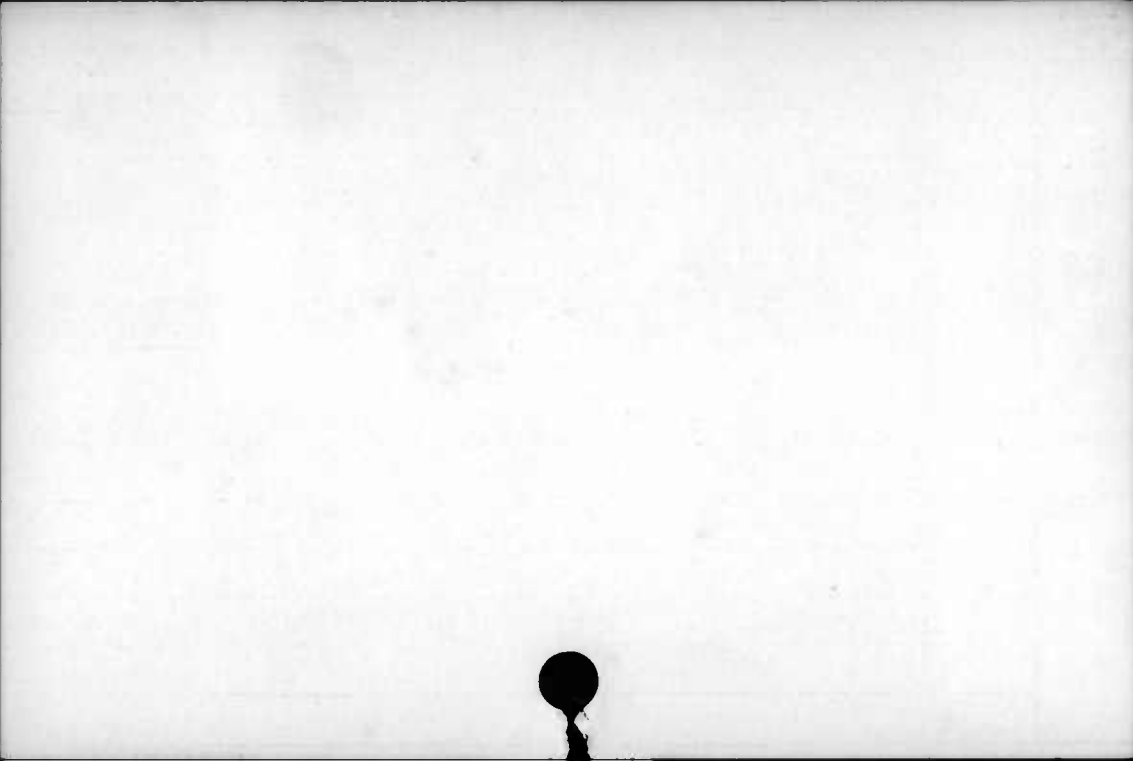
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Head Ector		County Beech		MARYLAND	
Date of death 1903		Month 4	Day 5	Age 39		Months	Days
Sex Female		Color or Race White		Birth- place			
Married, Single or Widowed		Married		Occupation			
Name of Wife or Husband		Wm Rambo					
Father's Name		John Smith				Father's Birthplace	
Mother's Maiden Name		Hannah Tyson 27				Mother's Birthplace	
Name of person giving In formation		Wm Rambo				How related to deceased Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	6 yrs.
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Howard Brant	
Filed 1903		Address Eden Md.		
Accident or Suicide?				



Name
in
Full

Mary L. Rees

3 dist

CERTIFICATE OF DEATH

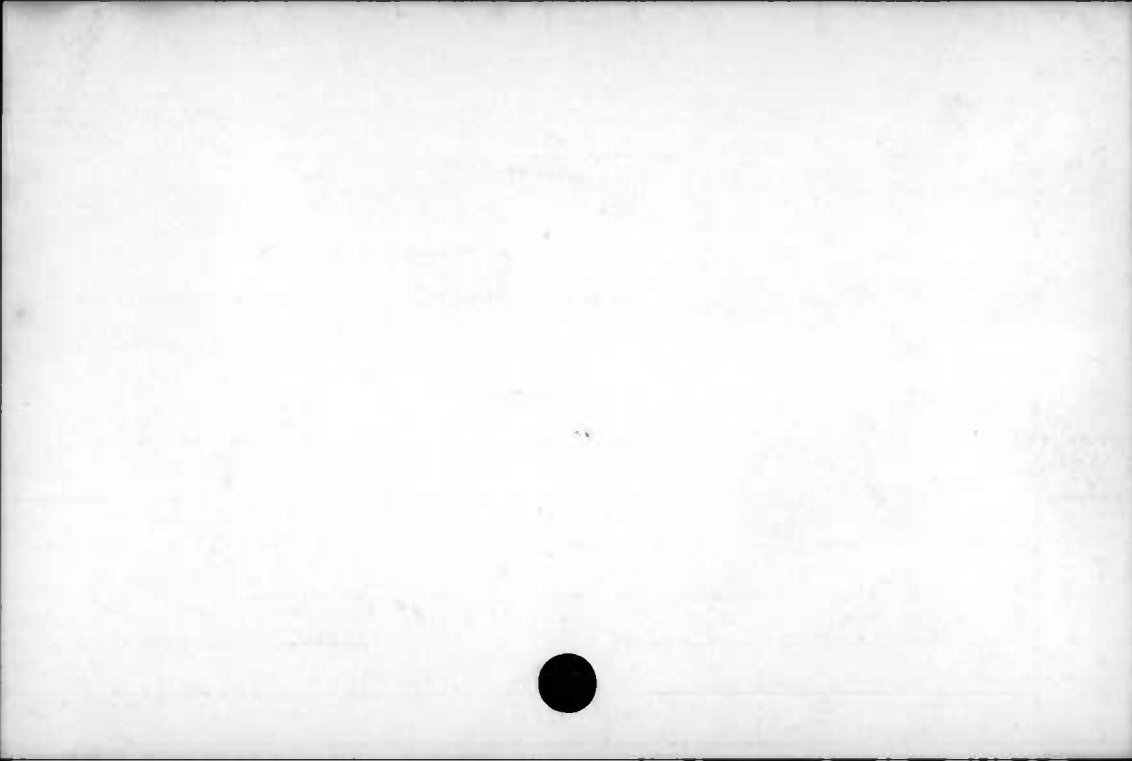
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chelas		County ceci		MARYLAND		
Date of death 190		3	Month 4	Day 11	Age 7	Years	Months —	Days —
Sex	Female		Color or Race	White		Birth- place	Pa	
Married, Single or Widowed		Single			Occupation			—
Name of Wife or Husband								—
Father's Name		David J. Rees				Father's Birthplace	Pa	
Mother's Maiden Name		Etta E Phipps				Mother's Birthplace	Pa	
Name of person giving in formation		David J. Rees				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate	Meningitis	How long 2 wks.
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		H. Arthur Mitchell, M.D.
Address		Elkton, Md.
Accident or Suicide?		—



Benjamin T. Reynolds
 Town North East County Cecil Co MARYLAND
 Died at
 Date 1903 4 7 Age 76
 Male White Married ~~Widow~~ ~~Divorced~~ Maryland Captain
 Number of children living 8

Husband of Elizabeth Reynolds
 Wife
 Father's Name Benjamin Mother's Maiden Name Slagel
 Cause of Death { Primary Immediate Kidney
 How long sick One month
 1020
 Accident, Suicide, Homicide

Reported by J. H. H. H. H.

Address ~~Wm. H. H. H.~~

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Amanda Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

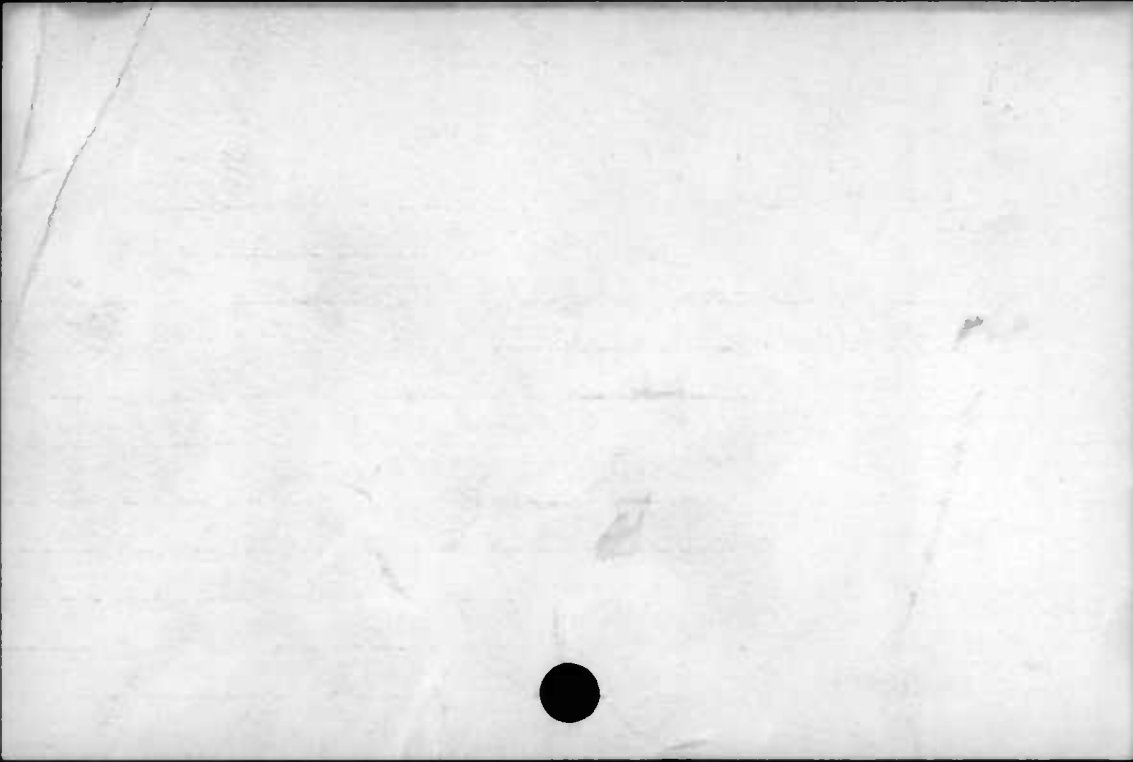
MARYLAND

Died at <i>Cecil</i> ^{Town}		<i>Cecil</i> ^{County}			
Date of death 190	<i>2</i>	Month <i>Apr</i>	Day <i>6</i>	Age	Years
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place	
Married, Single or Widowed			Occupation		
Name of Wife or Husband			<i>Charles Rice</i>		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			<i>Alben Christman</i>		
			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart</i>	How long	
Immediate	<i>79</i>	How long	<i>3</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>D. B. [Signature]</i>	
		Address	
		<i>N. E. [Signature]</i>	
Accident or Suicide?			



Name in Full		J. Winfield Scott 4 Dist-				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Near ^{Town} Appleton		County Cecil		MARYLAND	
	Date of death 190	3	Month April	Day 29	Age 48	Years	Months
	Sex	Male		Color or Race	White		Birth-place Md
	Married, Single or Widowed	Married			Occupation Farmer		
	Name of Wife or Husband	Elkie V. Years by					
	Father's Name	Alexander Scott				Father's Birthplace	Md
	Mother's Maiden Name	Elizabeth R Tweed				Mother's Birthplace	
Name of person giving information	Ella V Scott 116				How related to deceased	Wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic Peritonitis				How long	6 mo -
	Immediate	Rupture of Bowel & Gangrene				How long	60 hrs -
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	W. L. B. Hays	
					Address	Humbleville, Pa.	
Accident or Suicide?							

22



Name
in
Full

Margaret Shertzer

CERTIFICATE OF DEATH

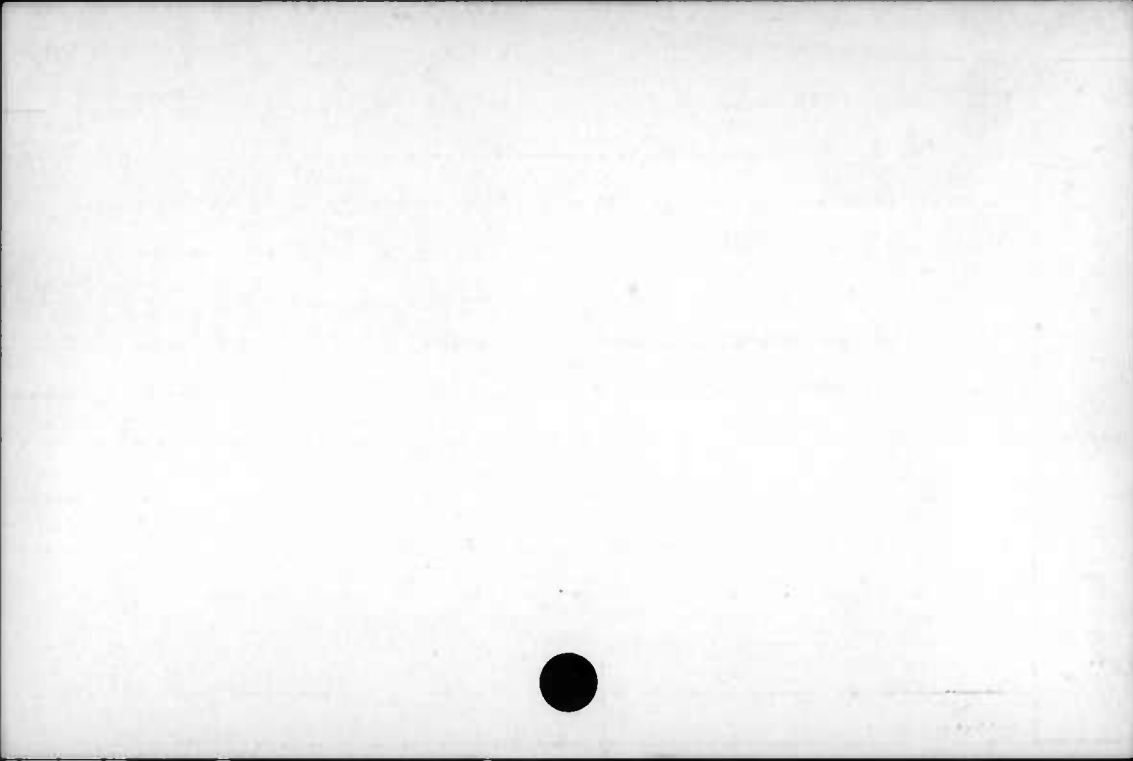
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Perryville</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>April</u> ^{Month}	<u>20</u> ^{Day}	Age <u>1</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Perryville Ind</u>			
Married, Single or Widowed <u>—</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Barton Shertzer</u>		<u>10</u>	Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Elizabetha Koch</u>			Mother's Birthplace <u>Pa</u>		
Name of person giving information <u>Elizabetha Shertzer</u>			How related to deceased <u>Mother</u>		

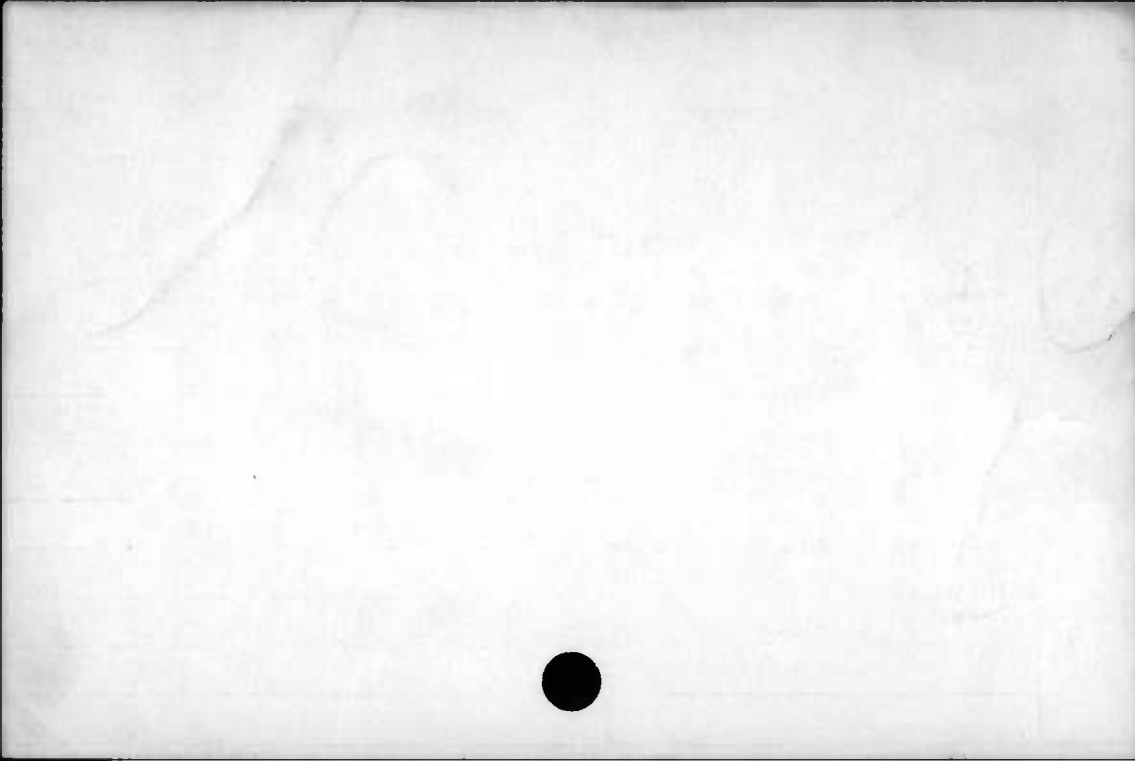
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diphtheria & Trupke</u>	How long <u>Week</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Geo. M. Rumpf</u>
	Address <u>10 Perryville Ind</u>
Accident or Suicide?	



Name in Full <i>Agnes L Skillman</i>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Elkton</i> Town		<i>Cecil</i> County		MARYLAND
	Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>8</i>	Age	Years <i>9</i> Months Days
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Elkton</i>	
	Married, Single or Widowed <i>—</i>			Occupation	
	Name of Wife or Husband <i>—</i>				
	Father's Name <i>Frank Skillman</i>			Father's Birthplace <i>Ind</i>	
	Mother's Maiden Name <i>Ella Simpson</i>			Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>Ella Skillman</i>			How related to deceased <i>Mother</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Whooping Cough</i>			How long <i>6 wks</i>	
	Immediate <i>Pneumonia</i>			How long <i>2 wks.</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>H. Arthur Mitchell M.D.</i>	
				Address <i>Elkton Ind</i>	
	Accident or Suicide? <i>—</i>				



Name

in
Full

Charles J Simpson

CERTIFICATE OF DEATH

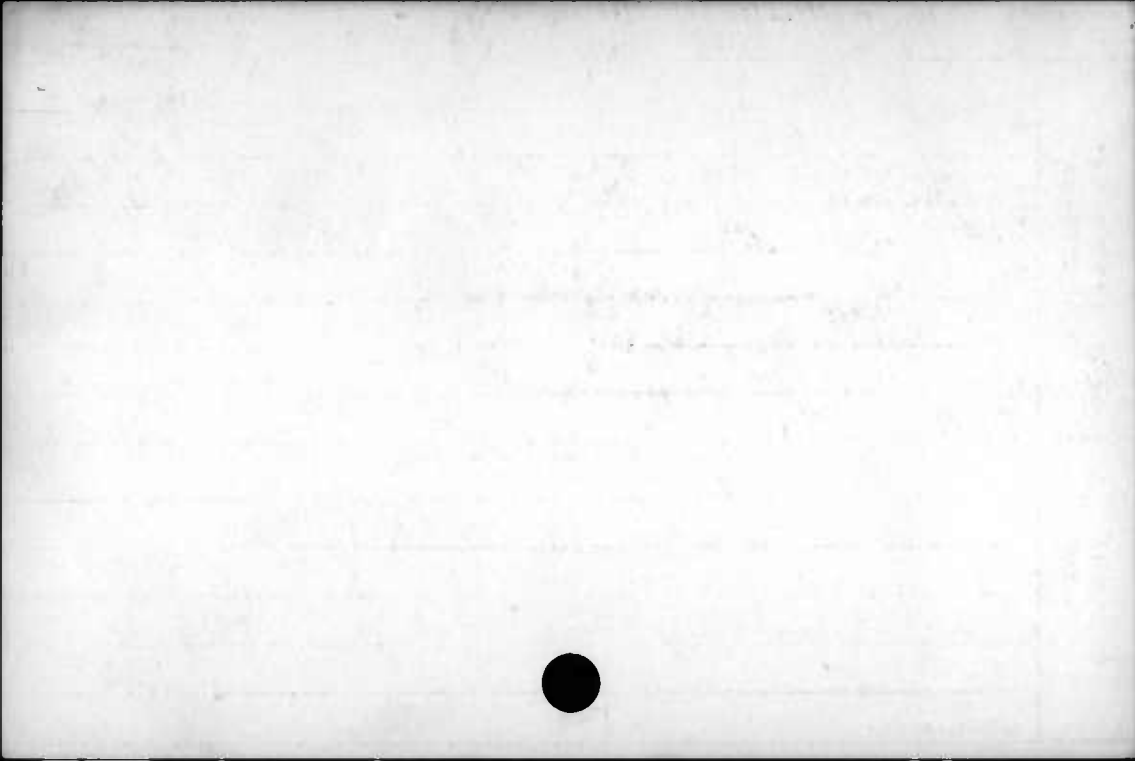
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Blythdale		County Cecil		MARYLAND		
Date of death	30	Month April	Day 6	Age	82	Months —	Days —	
Sex	Male Female		Color or Race	White		Birth- place	Cecil Co	
Married, Single or Widowed			Married		Occupation			Doctor
Name of Wife or Husband			Eliza Simpson					
Father's Name			Johnson Simpson			Father's Birthplace		Cecil Co
Mother's Maiden Name			Mallison Ford			Mother's Birthplace		Cecil Co
Name of person giving Information			Eliza Simpson			How related to deceased		Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	66
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Geo. M. Stewart	
Address		Pryville, Md.	
Accident or Suicide?			



Name
in
Full

Hannah A. Simpson

CERTIFICATE OF DEATH

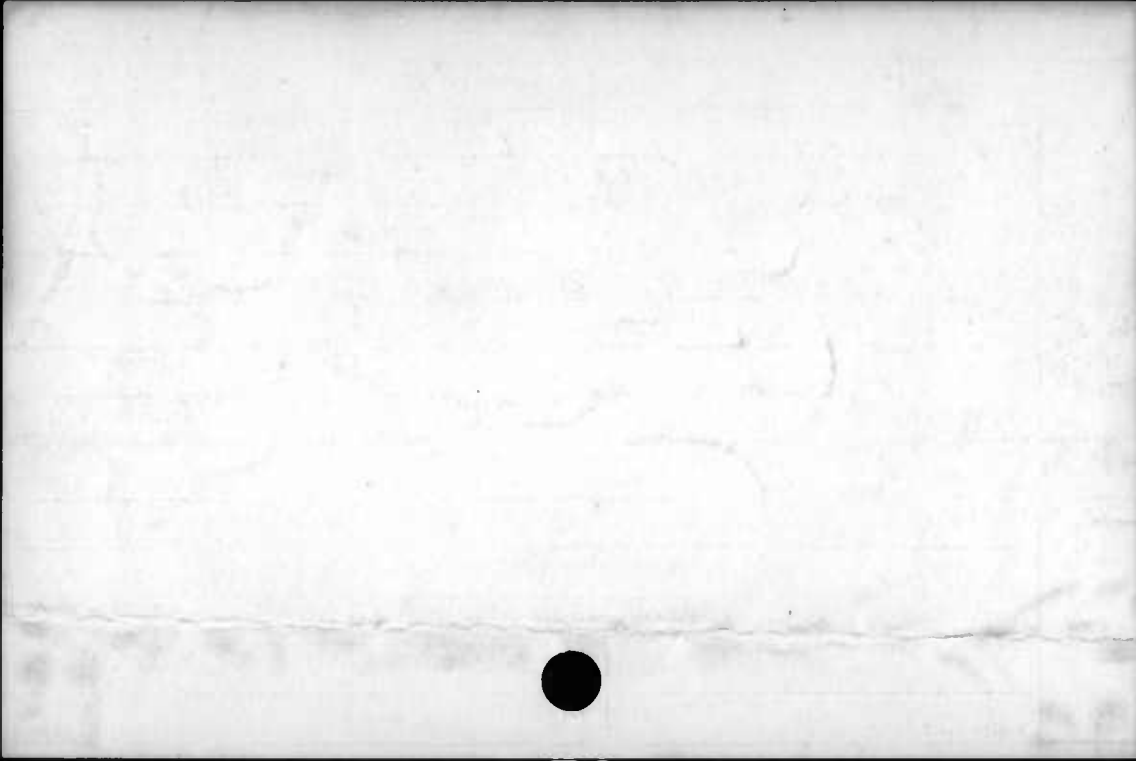
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Blaton</i>		Town <i>Blaton</i>		County <i>Lucie</i>		MARYLAND	
Date of death 1903	Month 4	Day 19	Age 67	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Widowed</i>		Occupation					
Name of Wife or Husband <i>Charles H. Simpson</i>							
Father's Name <i>John Sutton</i>		Father's Birthplace					
Mother's Maiden Name <i>Lecandra Alberse</i>		Mother's Birthplace					
Name of person giving information <i>Belle Simpson</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long
Immediate <i>Bronch. Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. D. Cawley M.D.</i>
	Address <i>Blaton Md.</i>
Accident or Suicide?	



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Anthony Rowan 3 Dist

MARYLAND

County *Cecil*

Age ^{Years} 57

Months	Days
--------	------

Color or Race *Colored*

Birth-
place

Occupation *Lawyer*

Father's Name

Father's Birthplace	
---------------------	--

Mother's Birthplace

How related to deceased	
-------------------------	--

CAUSES OF DEATH

How long	
----------	--

How long	
----------	--

Signature of B. K. ...

Physician *Dr. H. H. H. H. H.*
Address *1234 Main St.*

Mr. C. W. ...

73

Name
in
Full

George Turner

CERTIFICATE OF DEATH

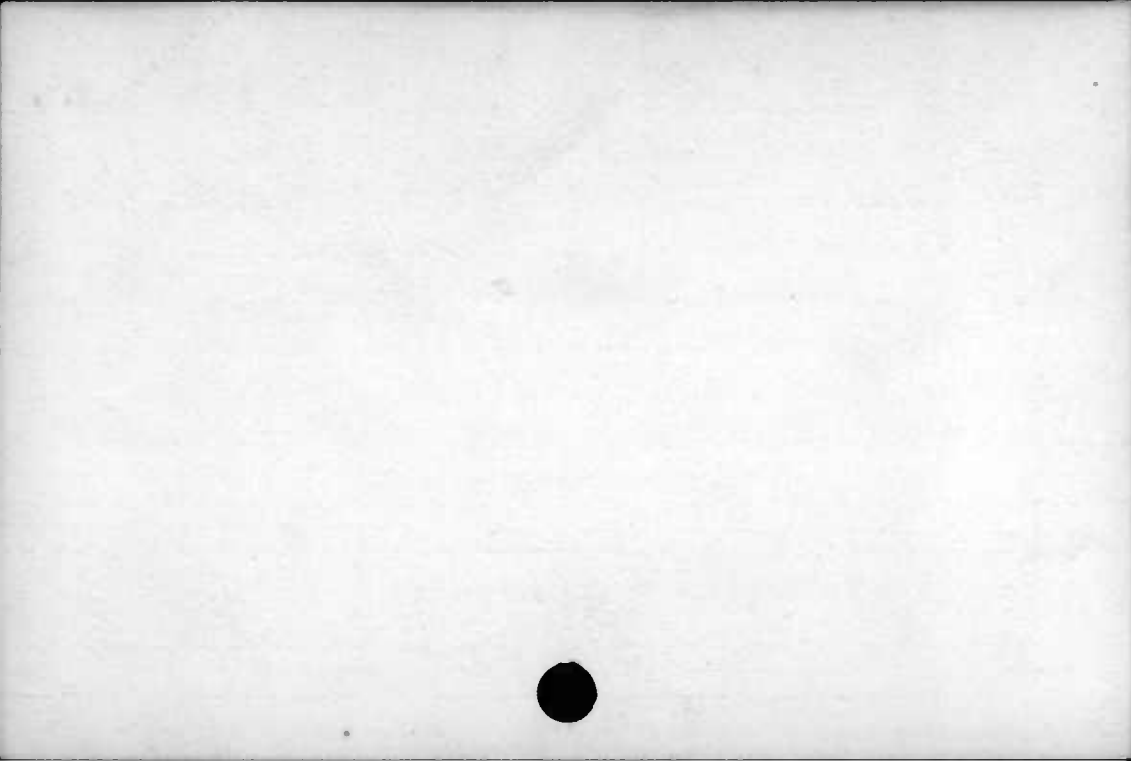
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Elkton		County Cecil		MARYLAND	
Date of death 1903	Month April	Day 3d.	Age 76	Years	Months 4	Days 8	
Sex male		Color or Race white		Birth- place England			
Married, Single or Widowed married		Occupation retired					
Name of Wife or Husband		Mary A. Turner					
Father's Name		William Turner				Father's Birthplace England	
Mother's Maiden Name		Mary A. Westerby				Mother's Birthplace England	
Name of person giving In formation		Sarah A. Dunbar				How related to deceased sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	doubt know		How long	
Immediate	Bright's disease		How long	several months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
yes			J. W. Cooper, Jr. M.D. Elkton, Md.	
Accident or Suicide?		April 4-03		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit</i>		Town		<i>Cecil</i>		County	
Date of death 1903		Month <i>April</i>		Day <i>25</i>		Years <i>36</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Port Deposit</i>		Months <i>—</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Housekeeping</i>		Name of Wife or Husband <i>Harry Waibel</i>		Father's Name <i>Fredrick Sitzer</i>	
Mother's Maiden Name <i>Mary Sitzer</i>		Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Cecil Co</i>		How related to deceased <i>husband</i>	
Name of person giving information <i>Mary Waibel</i>		Name of person giving information <i>Mary Waibel</i>		Name of person giving information <i>Mary Waibel</i>		Name of person giving information <i>Mary Waibel</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pyrexia of Fever</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. H. Fisher</i>
	Address <i>Port Deposit, Md.</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



Name
in
Full

Wood

3081st-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near cherry st</i>		Town <i>Wood</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>4</i>	Day	<i>21</i>	Age	<i>4</i>
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth-place	<i>md</i>
Married, Single or Widowed	<i>Single</i>			Occupation			<i>_____</i>
Name of Wife or Husband <i>_____</i>							
Father's Name	<i>David Wood</i>					Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>Sadie Moore</i>					Mother's Birthplace	<i>md</i>
Name of person giving information	<i>David Wood</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>unknown</i>	How long	<i>151</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i> Jas Whitaker</i>
		Address	<i>cherry st</i>
			<i>md</i>
Accident or Suicide?			

712

